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Certified Copies Certificates of Status	_
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A. Butter 8/24/21

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Epic Equine Veteri	nary, Inc	
DOCUMENT NUMB		<u> </u>	
The enclosed Articles o	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Meredith Hustler		
		Name of Contact Persor	1
	<u></u>	Firm/ Company	
	1957 Canterbury Cir		
•		Address	
	Wellington, FL 33414		
		City/ State and Zip Code	е
For further information	E-mail address: (to be us	sed for future annual report	notification)
Meredith Hustler		at (2689313
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Epic Equine Veterinary, Inc	ν dite to the action of the contract of the
(Name of Corporation as currently	v filed with the Florida Dept. of State 2 PH 3: 38
P20000066715	2021 AUS 12 PM 3: 38
	The second secon
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s):
its Articles of Incorporation:	with a strip of the strip of th
•	
A. If amending name, enter the new name of the corporation:	
Epic Equine Vet, Inc.	The new
name must be distinguishable and contain the word "corporation," "c	
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
,	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	
Name of New Registered Agent Kimberal	mits
Name of New Negatives and Control of Control	7-10
2365 S. C	snervo tre
(Florida str	vet address)
New Registered Office Address: Holm Son	referreda 5540h
THE ME SHARE THE STATE OF THE S	(Cig) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar y	
Signature of New Ro	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	 -		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

	adding additional And sheets, if necessary,). (Be specific)	—			
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lf an amendme	nt provides for an ex	change, reclassif	ication, or cancel	llation of issued	shares,	
(if not appl	implementing the ar icable, indicate N/A)	nendment if not o	contained in the a	amenament use	<u> </u>	
	NI IN					
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The date of each amendment(s) as	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehole	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendficient for approval.	idment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement 's):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 8	21	
Signature We	u deth shortes	
(By a d selecte	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	Meredith Hutler (Typed or printed name of person signing)	
	President	100
	(Title of person signing)	